



NEVADA STATE BOARD OF EXAMINERS FOR
MARRIAGE & FAMILY THERAPISTS AND
CLINICAL PROFESSIONAL COUNSELORS

PO Box 370130
Las Vegas, Nevada 89137
Office: (702) 486-7388
FAX: (702) 486-7258
marriage.nv.gov

SUP FORM

INTERIM PERMIT SUPERVISION CONTRACT

_____	_____	_____
Interim Permit Holder's name (print)	Intern license number	Signature
_____	_____	_____
Proposed Location (Organization)		Date
_____	_____	_____
Address		Agency Phone Number

THE DETAILED PLAN OF THE PROPOSED INTERNSHIP:

Nevada Board Approved Primary Supervisor (Pursuant to NAC 641A.182)

1. *I have met all requirements of NAC 641A.182 and been approved by this Board.* INITIALS _____
2. *I agree to meet with the Interim Permit Holder for a period NO longer than 1 year or until they have taken & passed the Exam (whichever is first.)* INITIALS _____
3. *I agree to consult with the Board concerning the professional record; competence in practice; and the emotional and mental stability or professional and ethical conduct of the Interim Permit Holder.*
INITIALS _____

_____	_____	_____
Supervisor's name (print)	License number	Signature
_____	_____	_____
Supervisor's Address		Supervisor's Phone Number

****** I waive the 21 working days notice required by NRS 241.033 and agree that the Board of Examiners for Marriage and Family Therapy and Clinical Professional Counseling may consider my request at its next scheduled Board Meeting.

_____	_____	_____	_____
Intern Signature	Date	Supervisor Signature	Date

Please mail all original correspondence to: P.O. Box 370130, Las Vegas, NV 89137

DO NOT FAX

Updated 1/17 supersedes all other forms